STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ahtes

MONTH

CERTIFICATE OF DEATH

	1	REG. N	10.		3	3	6
20 DATI	OF DE	ATH	MONTH	DAY	YEAR	26 HO	JR
4	121)	87		9-11		5:	30
6. AGE	IN YEAR	LAST B	RTHDAY)	IF UNI	DERIYEAR	IF UNDE	R 24 HRS
		8	O YRS	MONTH	S DAYS	HOURS	MIN.

George

76 CITIZEN OF WHAT COUNTRY? Philadelphia, Pennsylvania

MARRIED NEVER MARRIED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS PRE OF WORK FOR MOST OF WORKING LIFE | INDUSTRY Building Superintendent

USUAL RESIDENCE (IF NURS 130 STATE Maryland

4 RACWhite

15. MOTHER'S MAIDEN NAME

YURSING

YEAR

W. Main Street

MIDDLE

21801

ATHER'S NAME Joseph

FOR

REGISTRAR

Male

- STATE

Wicomico

Ahtes

Mary 17 INFORMANT

(Unknown)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO TYES, NOOL UNKNOWN) HE YES, GIVE WAR OR DATES!

185-09-3841

Salisbury

Mr. William J. Ahtes (Nephew)
1114 Riverside Drive, Salisbury, Md. 21801

NOF

CITY OR TOWN

IMMEDIAI	DUE TO, OR AS A CONSEQUEN	Cardio-Respu			
Conditions, if any, which	(b)	Possible a	cule m/		
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	NCE OF			
underlying couse lost.	(c)				
	ONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN I	N PART 110
Seule .	Demented,	COPZ			
90 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WI	ERE FINDINGS USED

CERTIFI

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

220 I certify that (1) (this haspital) attended the deceased from

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

COUNTY STATE

71d INJURY OCCURRED NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER)

THE PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC.) 21L LOCATION

that in (my) (our) opinion death accurred on the date and hour and from the causes stated

above, (I) (we) Idid) (did not) view the body after death 226 SIGNATURE anman

DEGREE

ATTENDING MEDICAL PHYSICIAN IN DIRECTOR PHYSICIAN

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL |SPECIFY Burial

4/24/1987

Wicomico Memorial Pk

Salisbury, Wicomico, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detached the State Dept.

MPORTANT.

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MEDICAL

and Mental

FUNERAL DIRECTOR FUNERAL Home, P.A., De Salisbury, Maryland APR 2.4 1987 Julia Director APR 2.4 1987 Julia Director APR 2.4 1987

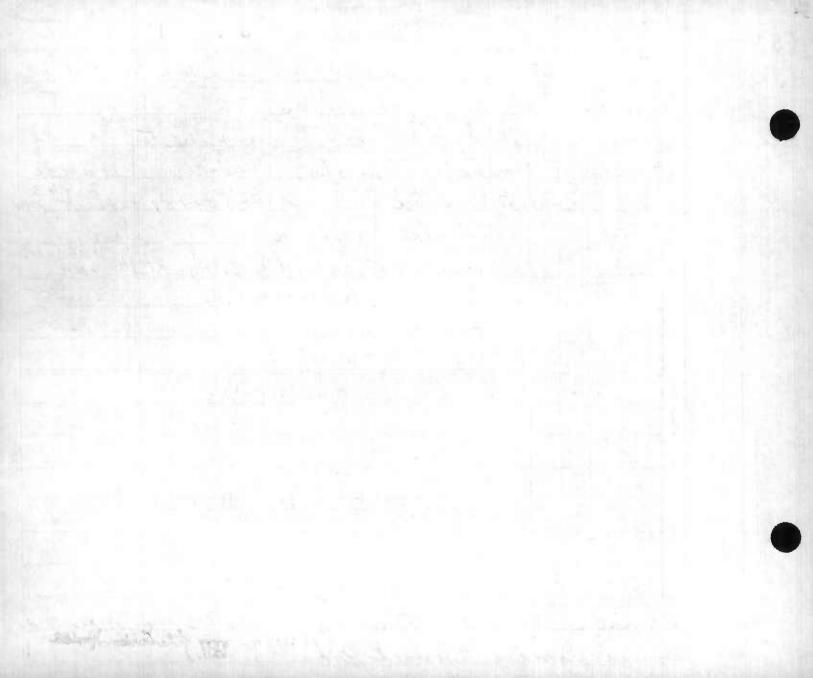
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) aldridge ialet apa t 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HPS MONTH STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR OR MOST OF WORKING LIFE INDUSTRY USUAL RESIDENCE OF NURSIN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Cerebral hemorrhase 2 hour IMMEDIATE CAUSE (a) DUE TO, OR, AS A CONSEQUENCE OF 44 055 Hyperlansion Conditions, if any, which gove rise to immediate cause (0), stating the mellitus underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION neumonia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 296, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased fram, saw the deceased alive an 19 above, (I) (we) (did) (did not view the bady after death. and that in (my) (our) opinian deoth accurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b HURIOCK

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

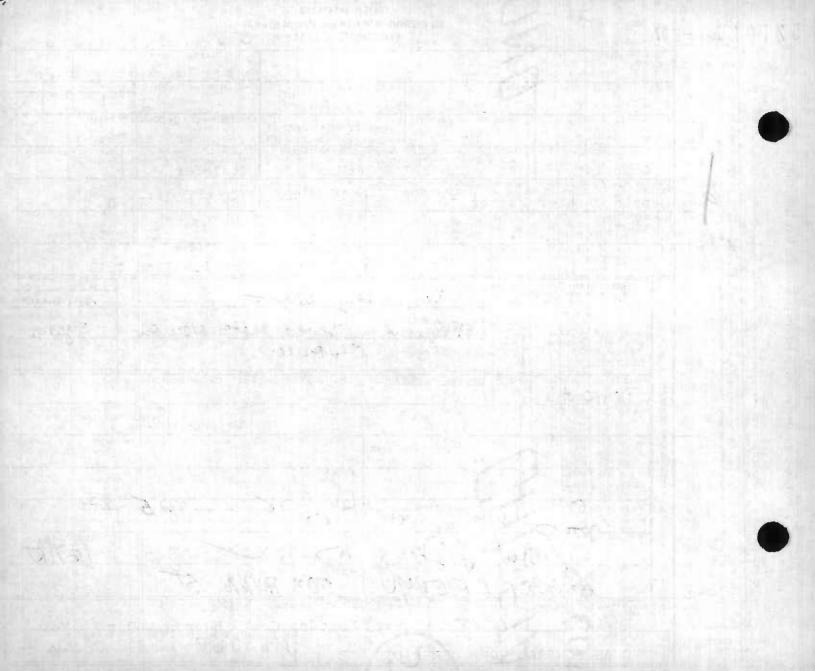
23c NAME OF CEMEJERY OR CREMATORY

23d LOCATION

230 BURIAL, CREMATION, REMOVAL



	FOR		STATE OF MARYLAND	HACIENE	
1011111 - 1	17- STATE REGISTRAR		EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	8 / REG. NO	1 1 3 3 8
m.e	I. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20 DATE OF DEATH M	NONTH DAY YEAR 26. HOUR
noy be poge 3 r death		ter Lee	Beckwith	April 25	
r, po	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ge of	Male	White	Aug 29, 1910	76	YRS.
	BIRTHPLACE (STATE OR FOR	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
Georg	Maryland	US	WIDOWED DIVORCED	Dorches	ster Co. MD
ofter of	Cambridge	(IF NOT IN SUCH FACILITY, GI		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Minister	
0 = 1 A	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)		~ 11 13
1 24 h	Maryland	Dorchester Car	mbridge YES □ NOXIX	Rt 3 Box	278 B
私见	14 FATHER'S NAME	WIDDLE L	AST IS. MOTHER'S MAIDEN	NAME	LAST
	Walter	H. Beck	cwith Laur		Willey
3	160 WAS DECEASED EVER IN	IF VEC CIVE WAR OR DATES	AL SECURITY NO. 17 INFORMANT	ADDRES	
	No	222	-16-703 Goldie R	. Beckwith I	
ore ore	18 CAUSE OF DEATH	Enter only one cause per line for (a) S CAUSED BY	(b), and (c)	MATTER DE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy phy emo		MMEDIATE CAUSE (0)	lesperatory arr	ext	mynulot
h ce corbing or r		DUE TO, OR AS A COL	NSEQUENCE OF		
deol ove fion,	Canditions, il ony,	which ((b) (PNO)	nessive and Severe	Motor Nou	ion Sylais
the rem	gave rise to imme	the DUE TO, OR AS A COL	NSEQUENCE OF CULTURALE		0
d by ease ol, cr	underlying couse	lost (c)			
gne en pli buri		FICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR COND	ITION GIVEN IN PART I(a)
en si The or to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER				
s on	J 190 DATE OF OPERATION	ON / 196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
cion.	R I			YES NO	YES NO
ficot from 1 Hyg	OR CONTRIBUTING TO CA		TH DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
riol- riol- ento	S (IF EITHER, NOTIFY MEDICAL	EXAMINER) P.M.	19		
this this d M	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	LAT MOME CIRCLE LACTORY	OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
oth fter os th short	WHILE NOT WHILE				
R A Vise Leol		his hospital) attended the deceased		8 to 4/	2 , 19 8 , that (I) (we) lost
hospito RECTO red for ipt. of th	saw the deceased	olive on Olive of the body ofter death	n. 19 and that in (my) Dur) apir	nion death occurred on the dat	e and hour and from the causes stated
OK , e ho DIRE sched Dept	22b. SIGNATURE	20146	DEGREE	as uspice of the	22c. DATE SIGNED
- f - f - f - f		Kubul &		MEDICAL STAFF	AND 4/2/10
JNER, JNER, JNER, JNER, JNER, JNER, STAN	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	220. ADDRESS	DUAL OF	- "
TO HOSPITA retained by TO FUNERA should be def with the Stat	H	IBERT L. ME	10 503	134KIU SI	
5 5 5 3 3	23a. BURIAL, CREMATION, RI	EMOVAL 236. DATE	231. PAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY STATE
BP	Buria1	4/28/87	Seward Spedden		
MH - 16 50M 7/77	24 FUNERAL DIRECTOR	ADE	DRESS 250.	DATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
(VR A 15 (4))	THOMAS FU	NERAL HOME CAN	MBRIDGE, MD.	111001301	was Deviden. Randall.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LDECEASED NAME 20. DATE KNOWN 87 Effie L. OF ESTI-E 5 FOR YOUR FILES.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS Bradford DEATH MATED 19 black S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE female DAY LAST BIRTHDAY PRONOUNCED 6-13-32 54 2100m DEAD 2 1987 YPS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Vienna, U.S.A. Dorchester Md. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME. GIVE PAGES 1, 2, AND 3 TO THE F TH FORM PM 3, RETAIN PAGE (PAGES 1 AND 2, SHOULD BE FILED VISION OF WITAL RECORDS, ZOLV OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Teacher = OR INDUSTRY Cambridge Dorchester General Hospital Dor. Co. schools USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
YES XX NO () 748 Cornish Drive 13b COUNTY 13c CITY OR TOWN Md. Dor. Cambridge 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Bradford Albert Ida A. Bowens 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS phia, Pa. DIVISION (YES, NO, OR UNKNOWN) Ida Bowens, 7904 Mars Pl., Philadel-217-28-3530 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ocelucion IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE WRITE PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR, PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Hamicide Natural couses Undetermined manner TITLE (SPECIFY) Dep. 4-3-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Peter W. Rieckert, M. D. East New Market, Md. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Reids Grove, Dor., Md. Chester Cemetery Apr. 6, 1987 Burial Federalsburg, Md24 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Framptom-Hawkins F. ADOM: , 216 N. Main St. **DHMH-17** (VR A15 ME (5) 15M 2/80

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Lander Street

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES A

DIVORCED

65

113d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

(TYPLOF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

716 Miores

2b. HOUR 2

126 KIND OF BUSINESS OR

INDUSTRY

MD.

2	Rosevelt	Coleman	Pearl	WIDDLE	Randall
	VAS DECEASED EVER IN U.S. ARMEI	FORCES? IS SOCIAL SECURITY NO.	17 INFORMANT	address	a Camb.
_		215-20-1623	Donothy	aylor 1161	Moores Hee Md.
	PART I DEATH WAS CAUSED B	I LI WILL A D. D.	Ames -		BETWEEN ONSET AND DEATH
4	IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE OF	Norch		
	Conditions, if any, which	(b) Muse M	1 -		
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
	((c)			
NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
RTIFI				YES NOT	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	HITEM IS PART (OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY	71f LOCATION		
ME	WHILE NOTAME	(AT HOME, STREET, FACTORY, OFFICE TARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	220 1 certify that (I) (this haspital)	ottended the deceased from	4/15 19 87		1989, that (I) (we) last
	sow the deceased alive an above, (M(we) (did) (did not) vi	ew the body filer death.		death occurred on the date	and hour and from the causes stated
	77h SEGNAGURE	1.	DEGREE ATTENDING _	MEDICAL STAFF	121 DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRI	NI)	PHYSICIAN 22	DIRECTOR PHYSICIAN	1 1/10/0
	VINODRA	MEHTA	400 AURE	MA 85. C	sumose 617
230 E	BURIAL, CREMATION, REMOVAL SPECIFY)	3b. DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY, STATE
74 FI	JNERAL DIRECTOR	7/18/811/2eTh	e Ceme	EREC'D BY REGISTRAPIZE	REGISTRAR'S SIGNATURE
5	TO WAS TENNES	1 Asamo ADDRES Cambri	das Md. 1	PR 1 6 1987	Asia Kinder & Laste
	7-1001-17-414-0		/		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then ples with the State Dept of Health and Mental Hygiene prior to buria

or them 18

MPORTANT: If them 21 is

ATTENDING PHYSICIAN:

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FOR

REGISTRAR

TO BIRTHPLACE STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

1 DECEASED NAME

FIRST

USUAL RESIDENCE (IF N RSING HOME OR OTHER INSTITUTION

136. COUNTY

Do-cherTen

BERNICE

4. RACE

16. CITIZEN OF WHAT COUNTRY?

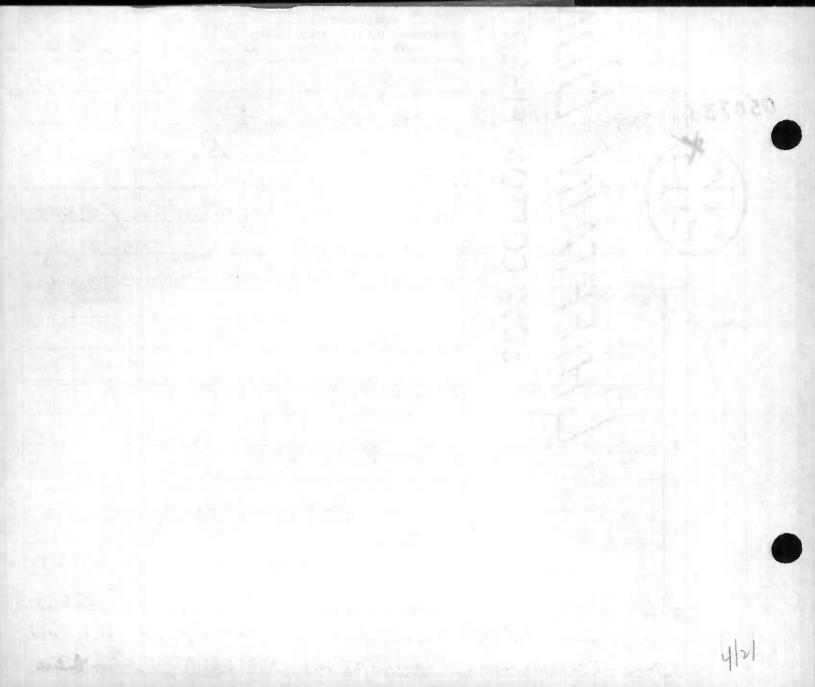
- STATE

(TYPE OR PRINT)

130 STATE

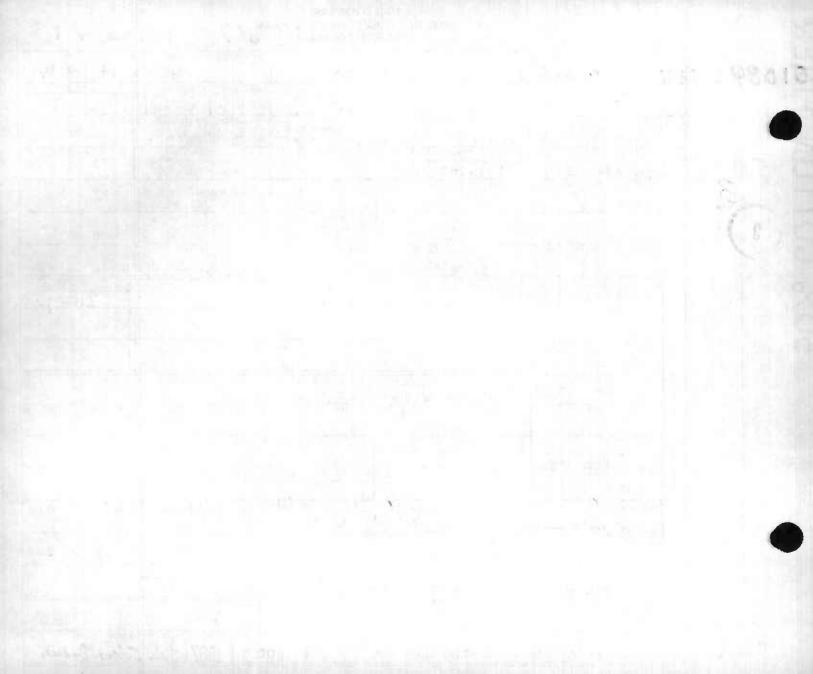
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14 FATHER'S NAME

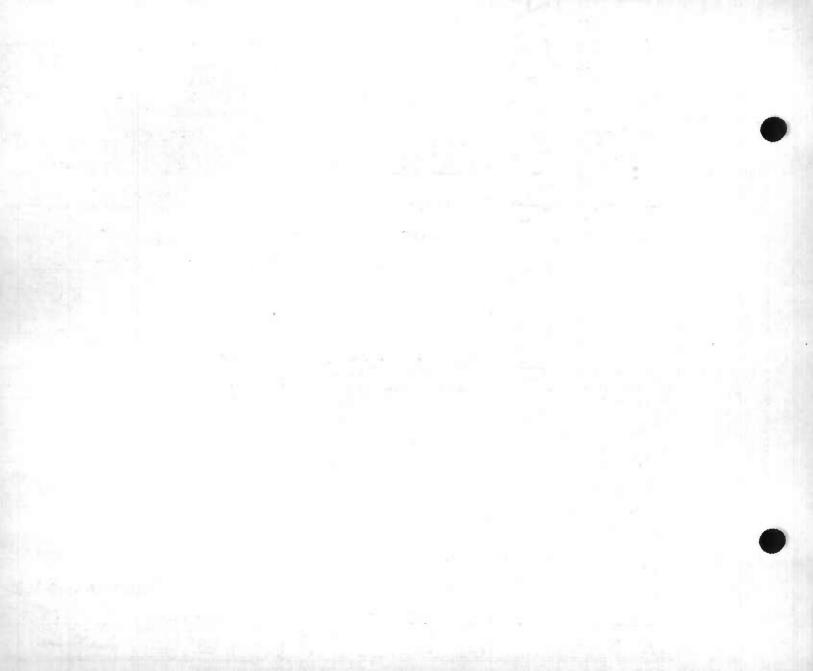


	eath Tage 4 n	nerul director
LAND 21201	Da meis ofter o	aldby the to
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	D HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hour after death maps 4 nationed by the hospital or ottending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician order impression by the firming the most house os the burial-transit permit. Then please remove carbon popers. Pognishing the definition of the
V. PRESTON ST., B	the death certifica	the ottending physic remove corbon popular
RECORDS, 201 W	low requires that	os been signed by permit Then please
VISION OF VITAL	O HOSPITAL OK ATTENDING PHYSICIAN, The Laterined by the hospital or ottending physician.	er this certificate h
ID	L OK ATTENDING	L DIRECTOR: After toched for use as
	O HOSPITAL	O FUNERAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDOLE 2a DATE OF DEATH I DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 51084 AYSIE 8:350 3 SEX 4 RACE 6 AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HR MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVERMARRIED U.S.A. Dorchester Delaware WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ospital Homemaker ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SUAL RESIDENCE IN NURSIN 30 STATE COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Talbot Easton 320 August Street 21601 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIOOLE Wilard Thomas Annie Donavan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-07-6750 Ann M. Smith 313 August St Easton MD 21601 no 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90. DATE OF OPERATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PEDFORMED IN CERTIFYING CAUSES OF DEATH? Health and Mental Hygiene NO YES [? La. ACCIDENT WAS UNDERLYING The HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION morked or CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on above (1) the did (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 21 Hem Dept. 77h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF * ATTENDING with the State PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME ITYPE OR PRINTS M 230 BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE Burial MD Spring Hill Cemetery Talbot 4/21/87 Easton BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Deviden Pendals Easton, Maryland Newnam Funeral Home (VRA 15, 4)

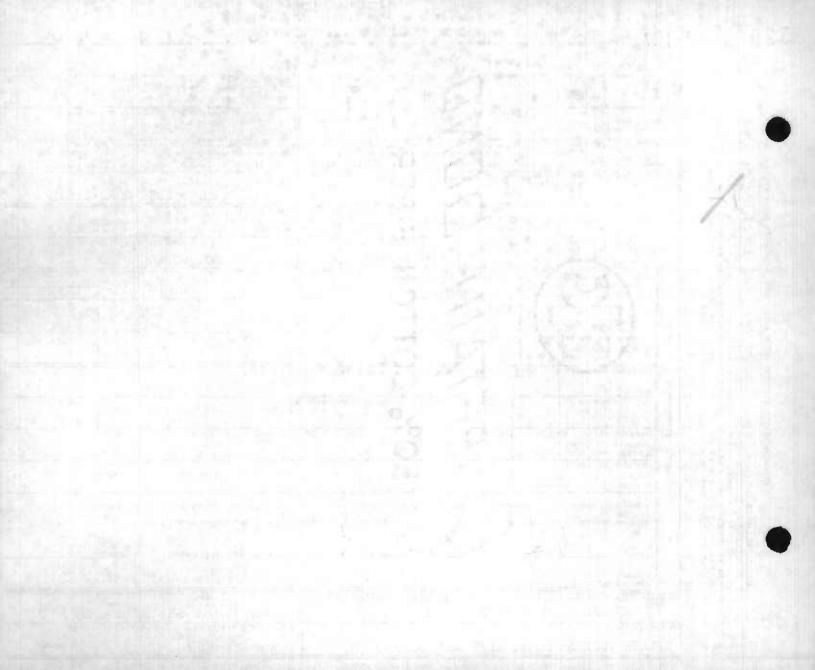


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 052555 MY - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-87 CHESTER JR 4 24 DAGE 5 FOR YOUR FILES.
FILED WITHIN 72 HOURS LEON M. DEATH MATED 10 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR 4 RACE 5 DATE OF BIRTH IE LINDER 24 HRS 3 SEX DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED Black. Male DEAD 46 TARIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Marvland WIDOWED T DIVORCED Dorchester AND 3 TO ... RETAIN PAGE 2. ILD BE FILED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Cambridge Dorchester General Hospital Laborer Seafood ID 2 SHOULD BE VITAL RECORDS. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113h COUNTY Box 669 Church Creek, MD Church Creek YES Maryland Dorchester 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LITEM 18. GIVE PAGES 1, LONG WITH FORM PM. T PERMIT. PAGEST AND 2 GIENE, DIVISION OF VITA MIDDLE MIDDLE FIRST Meekins Trene Chester, Sr. Leon 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR GATES) Box 669 Church Creek, MD 213-42-1021 Irene Chester 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION HOURS DUE TO, OR AS A CONSEQUENCE OF RANSIT Canditions, if any, which HYPOTENSION Houses gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. (c) ALUTE & CHRONIE YOMR S LIVER FAILURE INER: THIS CERTIFE.
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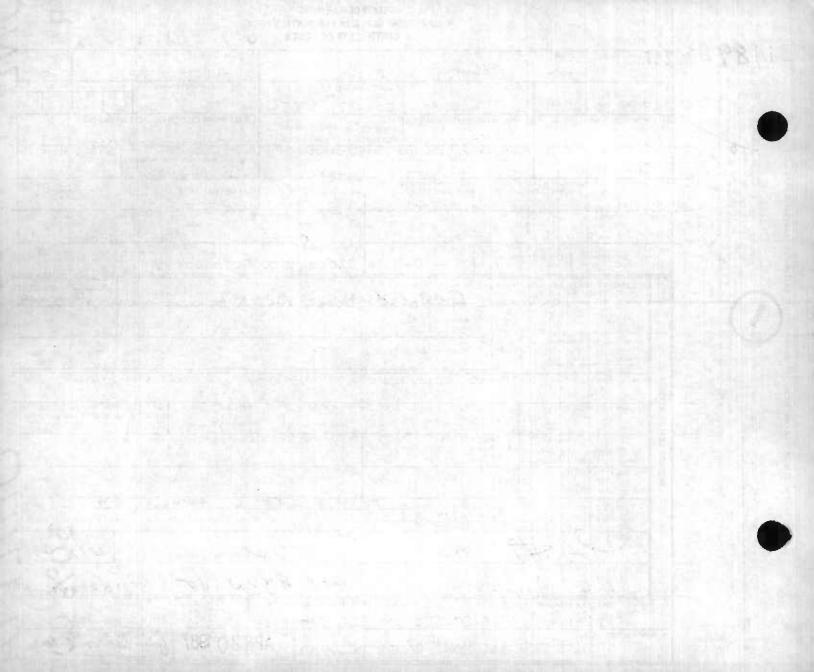
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2b HOUR 20. DATE KNOWN TYPE OR PRINTS ESTI-TIMOTHY JOSEPH D'ADAMO DEATH MATED 4/20/87 1600 2d HOUR A AGE (IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED MALE WHITE 22 DEAD 1087 400 10 54 32 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED MARYTANT DORCHESTER COUNTY USA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY DORCHESTER GENERAL HOSPITAL CAMBRIDGE FARMER AGRICULTURE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN DORCHESTER NO [X SUICIDE BRIDGE ROAD/21643 MD HURLOCK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE D ADAMO PHILIP ELEANOR TUBMAN 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-70-1473 RUTHANNA D'ADAMO, HURLOCK, MD NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CORMARDED TO THE CORMARDED TO THE CORMARDED TO THE CEPARIMENT OF THE CORMEN TO BURIA YES X 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR, TO FUNEAL DIRECTOR: PAGE PERER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted from: Suicide TITLE (SPECIFY) ACTUAL 4-23-87 Dep. SIGNATURE MEDICAL EXAMINER Peter W. Rieckert, M. D. EXAMINER'S NAME East New Market, Md. 21631 TYPE OR PRINT **ADDRESS** 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 4-24-87 OUR LADY OF GOOD COUNSEL SECRETARY, DORCHESTER, MD 07/84 2584 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** is Dividur Randallo ZELLER FUNERAL HOME, EAST NEW MARKET, MD (VR A15 ME (5))

STATE OF MARYLAND



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours other retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

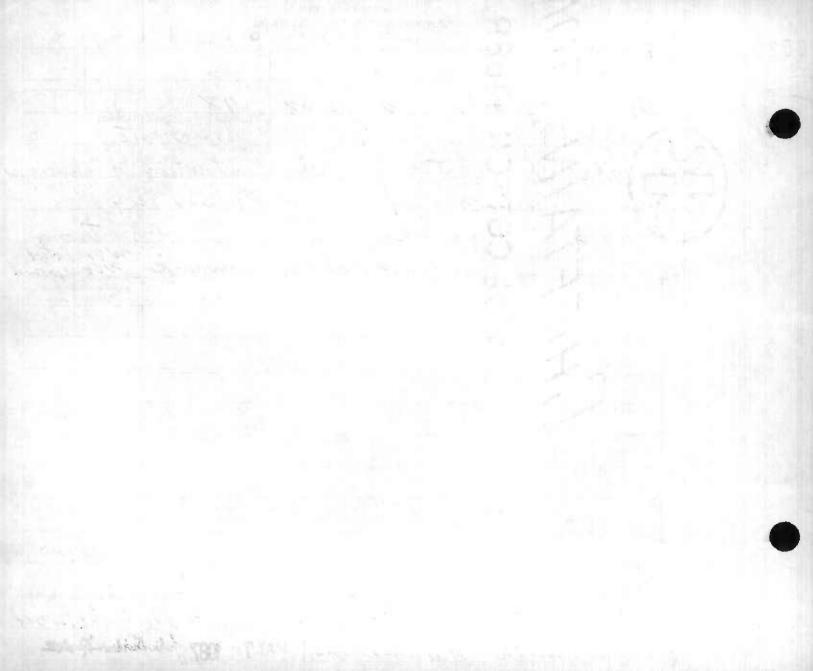
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FOR STATE



STATE OF MARYLAND

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226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL 23b. DATE burial 4/14/87

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231 NAME OF CEMETERY OR CREMATORY Dorchester Mem.Pk.

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ATTENDING

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24 FUNERAL DIRECTOR

Airey, Cambridge, Dor., Md. b. REGISTRAR S SIGNIANUAL

MEDICAL STAFF
DIRECTOR PHYSICIAN

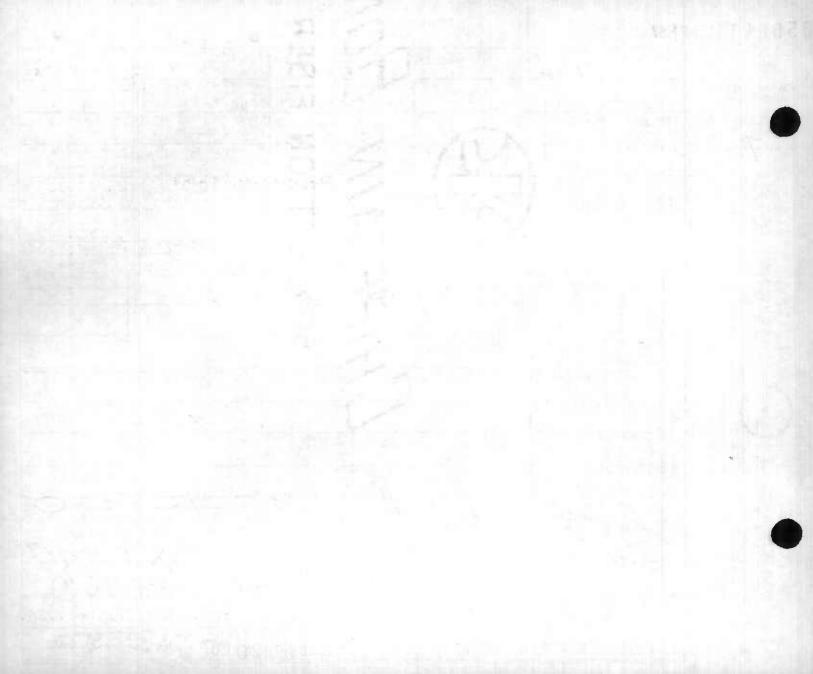
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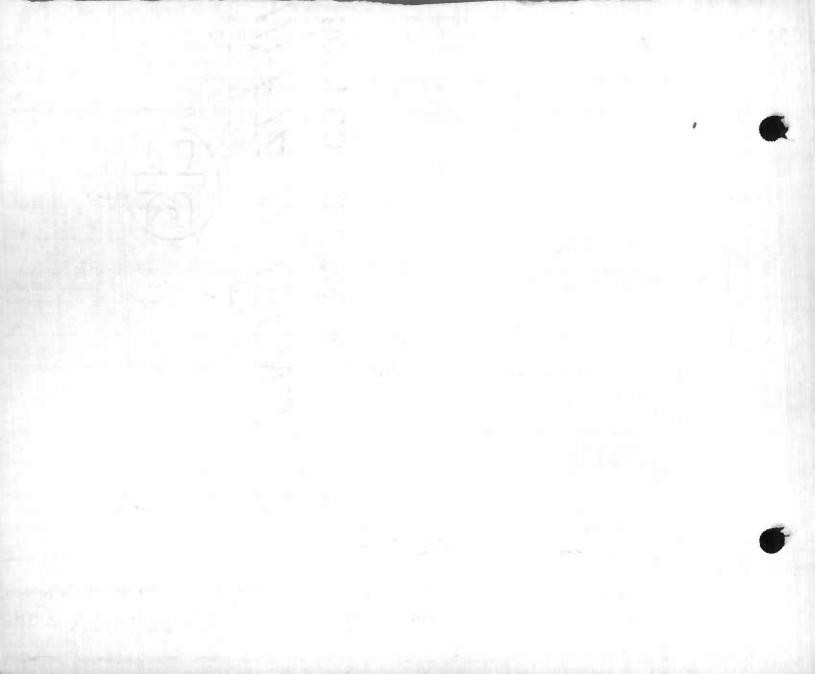
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CURRAN FUNERAL HOME, 308 High St.21613



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Cambridge Md 21612



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9		210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED) 21d INJURY OCCUR WHITE NOT WAT WORK 270.1 certify that (1) sow the decosoobove. (1) (we) (TION DERLYING CAUSE OF DEATH CALEXAMINER RED HILE (this hospitol) ed alive an	19b. CONDIT 21b. TIME OF HOUR A.N P.N 21e. PLACE O (AT HOME STRE!	INJURY MONTH DA FINJURY EL FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	21t. HOW INJURY OCCURRE	YES NO CITY OR TO	VN COUNTY 19 te ond hour and from the	STATE that (h (we) lose couses stated
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9		190 DATE OF OVERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WMIE AT WORK AT WORK Sow the decess obove, (1) (we) (1) 22b SIGNATURE	TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED HILE (this hospital) did)(did not vie	196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O LAT HOME STREE ottended the	INJURY MONTH DA FINJURY FILEACTORY, OFFICE, FA deceased from fiter death	OPERATION Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURRE 211 LOCATION STREET , 19 d that in (my) (our) opinion de DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TO	VN COUNTY Te ond hour ond from the	STATE that (h (we) lose couses stated
9		210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED) 21d INJURY OCCUR WHITE NOT WAT WORK 270.1 certify that (1) sow the decosoobove. (1) (we) (TION DERLYING CAUSE OF DEATH (AL EXAMINER) RED HILE (this hospital) did)(did not vie	196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O LAT HOME STREE ottended the	INJURY MONTH DA FINJURY FILEACTORY, OFFICE, FA deceased from fiter death	OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURRE 211 LOCATION STREET . 19 d that in (my) (our) opinion de	YES NO CITY OR TOVE OTHER NATURE OF INJUR CITY OR TOVE OTHER NATURE OF INJUR CITY OR TOVE TO TOVE OTHER NATURE OF INJUR CITY OR TOVE OTHER NATURE OF INJUR CITY OR TOVE TO TOVE TO TOVE OTHER NATURE OF INJUR CITY OR TOVE OTHER NATURE OF INJUR CITY OR TOVE TO	VN COUNTY Te ond hour and from the part 120. DATE 120. DATE	STATE that (I) (we) lost couses stated SIGNED

DHMH - 16 60M 7/8 (VRA 15, 4)

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Cambridge, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

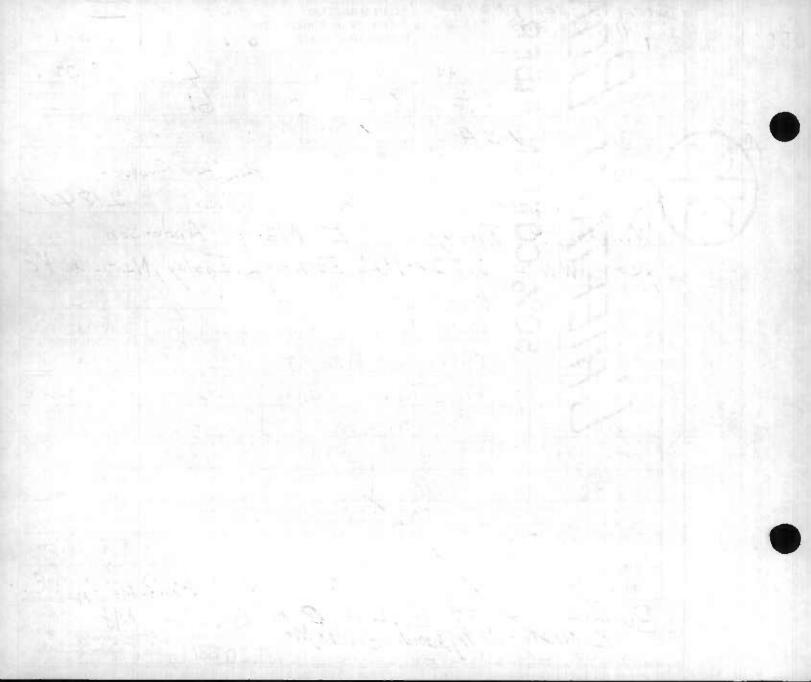
Curran Funeral Home

DHMH - 16 60M 7/B4

(VRA 15, 4)

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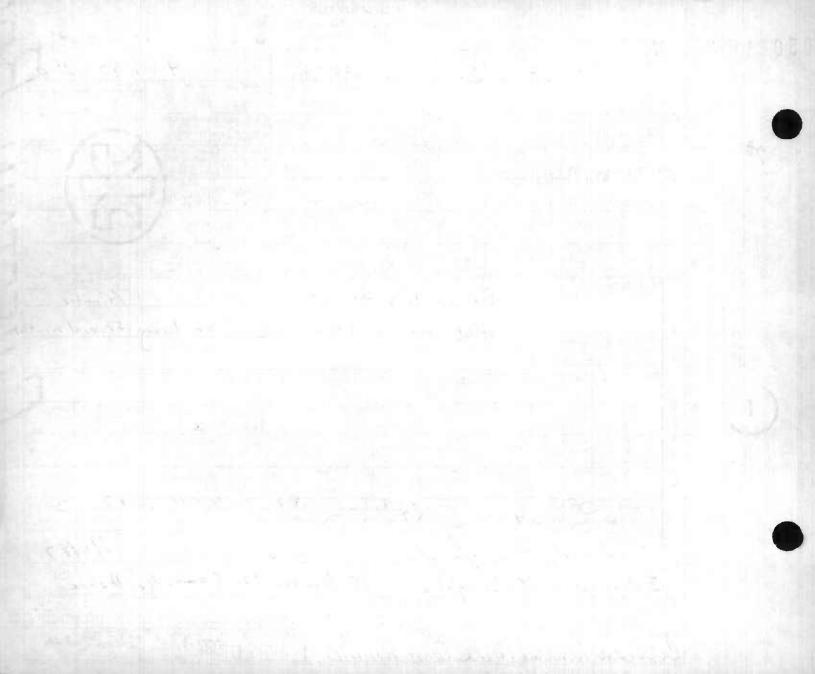
		FOR	DED		E OF MARYLAND IEALTH AND MENTAL HY	CIENE			
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m.e		CEASED NAME GIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DA		2b HOUR
2000	ىق	ron -> Com	Carl Carl		chaver, s	r. Beri	/ 3	87	1/20 AM
I mo	3. SE	X	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER TYEAR	IF UNDER 24 HRS
ecto		Male	White	Jur		87	YRS.		
0 mm	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
6		Kansas	US	WIDOWI	_ X X	Dorchest	er Co		MD.
11110	10. ⊂	ITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	126 KIND OF	F BUSINESS OR
2 200		Cambridge /	Dorchester		al Hospital	Farmer	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INDUSTRI	
hoon hoon	13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE B	SEFORE ADMISSION)	13d INSIDE CITY LIMITS?		7 IP CODE		
7 11 5	1			oridae	YES NOTE	Rt 2 Box		216	13
サージへあり	14 F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N	AME MIDDLE		ŁAS1	
	1	August	F. Knau		Margar		FO	essle	
e d co		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE		COOTC	
Pogn med		NO		36-0780	Elnora M	. Knauer I	tem #	13	
() N =		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b				- MC-III - II	APPROXU BETWEEN C	MATE INTERVAL
(A)		PART I. DE ATH WAS CAUSE		- sera	iratory ar	rest		ber " be to	
	7	888	DUE TO, OR AS A CONSE	OUENCE OF				,	
from the control of t		Conditions, if ony, which	(b) Myoca	rdial	ischemia			three	days
the reme		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		La Time La		11111	
d by d		underlying cause last.	(c)	OOLIVEE OI				17.5	
gned n ple burso ry, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	VIN PART I:o	
The rook	ON O	Fracture of	right hip	Cl	cronic Devel	tie			
prio prio	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WE		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
The lo	CERTIFI	9/2/87	Fracture	of rigi	ht hip	YES NO	YES		NO DE
YSICIAN, Thising physicio		21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	Ann 4 4	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	T I OR PART 2)	- 2-31
SICIA Portification of the second	ICAL	OR CONTRIBUTING CAUSE OF DE	"" FUE L	3/ 18	Fell at	home			
	MEDI	21d INJURY OCCURRED	(AT HOME STREET, FACTORY, OF	FICE FARM FIC I	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ING PH	1	AT WORK NOT WHILE	home		R+2 Bax 380	Sambri	dee ,	4 Por	red
00 00		220 I certify that Unithis hospi	ital) attended the deceased fro	F1100	, 17	, to Raril	13 19	87.	hat (we) last
E & F. 2 0 2		saw the deceased olive on abayer (1) we red (1) (did no	at view the body often death.	9 1 . 01	nd that ICMY (OUF) opinia	n death accurred an the do	te and haur a	ind from the c	ouses stated
TAL OR AT the hosp y the hosp y the hosp tal DIRECT detached for one Dept.		22b. SIGNATURE	10 11 00		DEGREE			22c. DAJE	IGNED
		Lolmund []	Frac Jeyll		PHYSICIAN	MEDICAL STAF	IAN []	17/3	187
HOSPITAL ined by the FUNERAL old be detroit of the State ORTANT:		224 PHYSICIAN'S NAME TYPE C	DR. CORRECTION OF THE PARTY OF		22e ADDRESS	rh 1. 1		, ,	2/6/3
TO HOSPITA TO FUNERA TO FUNERA Should be de		tdmund 1 p	lac Langhlin		10 Aurora	St. Canhi	·dse	Ma	2/6/3
7 5 5 3 3 3	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial	4/6/87	Dor	Memorial P	Cambr		Dor.	Md.
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR		DOI.	75a. DA		256 REGISTRA	ARS SIGNA	JRE
(VRA 15, 4)		THOMAS FUNER	AL HOME CAMB	RIDGE,	MD. AF	4 1 1301	المالي مملك	arank. Y.	



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(VRA 15, 4)



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IMPORTANT: If hem 21 is morked or hem 28 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEI

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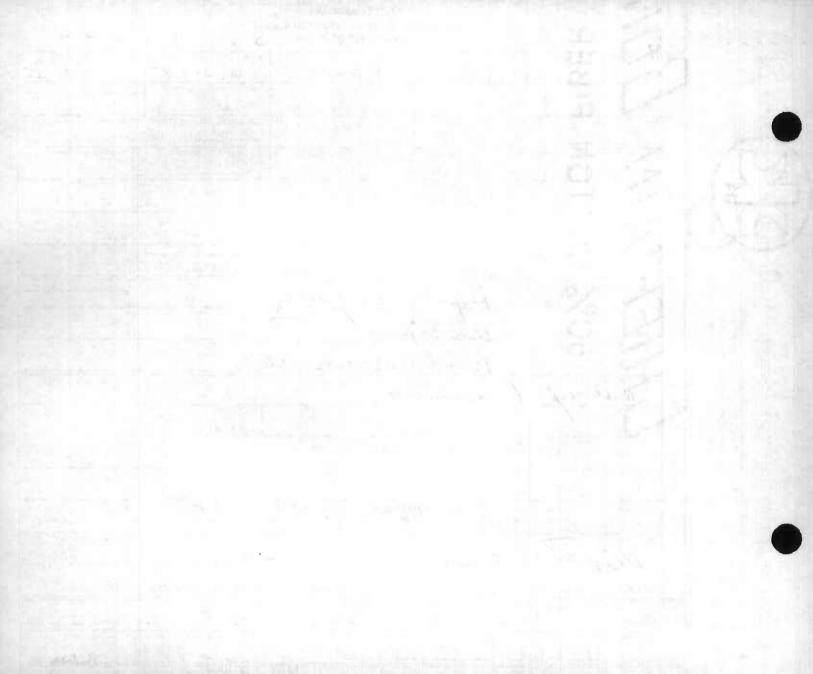
1	FOR STATE			HEALTH AND MENTAL HY	GIENE		20 M	
	REGISTRAR		CERTII	FICATE OF DEATH	8 / REG. N		2 2	
	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b. HOU	UR
(TYP)	OR PRINT)	WRIGH	T	PARKER	4 21	87	8	57 M
3. SE	X	4. RACE		OF BIRTH	6. AGE TIN YEARS LAST BIR			
	FEMALE	WHITE	AUGU	JST 25, 1891	95	YRS DA	YS HOURS	MIN.
₩. B	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT	COUNTRY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH		
	MARYLAND	USA	WIDOW	EDX DIVORCED	DORCHESTER			MD.
	CAMBRIDGE	DORCHESTER	AL, NURSING HOME (Y, GIVE STREET ADDRESS) C GENERAL	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE) INDUST	D OF BUSIN	ESSOR
13a :	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN DORCH	TY 13c. CI	IDENCE BEFORE ADMISSION) TY OR TOWN LOCK	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP CODE 1/21643		
IQ FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME			
3	COLUMBUS	WRIG	HT	VICTORIA	WIDDLE	WEBSTER	R	
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SC	CIAL SECURITY NO.	17 INFORMANT	P. O. AUBO	X 180		
	NO -	214	-32-5946D	BROOKS PARKE	ER, HURLOCK,	MD 21643		
NC	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SUSNIFICANT C	(b) 1/2		brmos &	le Es	DITION GIVEN IN PART	lia	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IDINGS USE SES OF DEA NO [TH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	n l	RY ONTH DAY YEAR 19	21c HOW INJURY OCCUR		YES T		
MEDICAL	21d INJURY OCCURRED WHILE ON THE NOT WHILE OF AT WORK	21e. PLACE OF INJU	JRY 'ORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY		STATE
	220.1 certify that (1) (this haspite saw the deceased alive an abave, if we find Adid not	- (- 2 ^)	111 1-7	nd that in (aur) apinian	death occurred on the de	ate and hour ond from t	_, that (1) (the couses st	we) last loted
	22b. SIGNATURE	le.			MEDICAL STAI	FF ,	TE SIGNED	
	MICHAEL J. FADI			302 COLLINS	AVENUE, HU	RLOCK, MD	21643	}
	BURIAL, CREMATION, REMOVAL	^{23b. DATE} 4-23-87		CEMETERY OR CREMATORY MARKET CEM.	EAST NEW	MARKET, DOR	CHESTE	ER, MD
24 FI	JNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	ATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

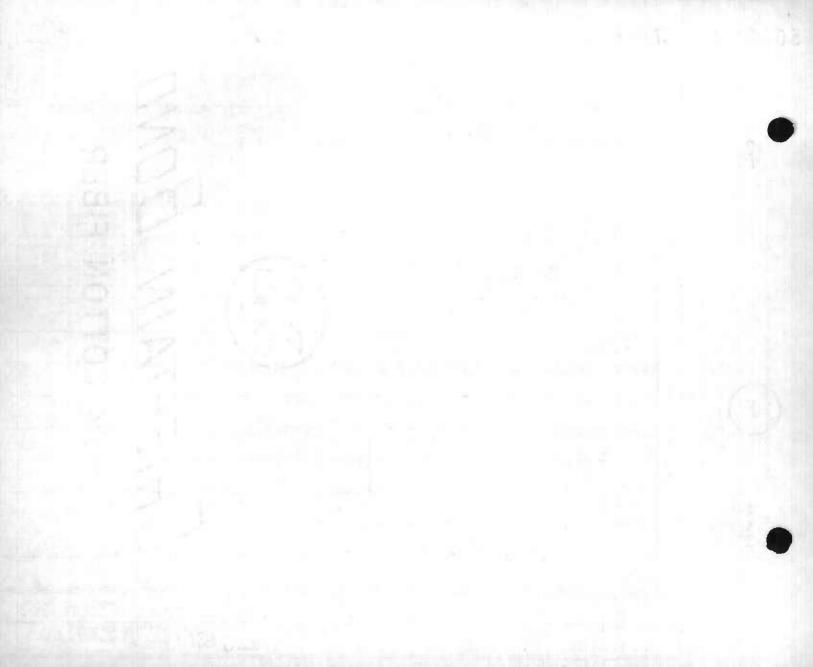
BP.

ZELLER FUNERAL HOME, EAST NEW MARKET, MD

in Friday Pondage



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-Phillips DEATH MATED 1087 Terry Tee 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IE LINDER 24 HRS 7:40 DATE YEAR LAST BIRTHDAY) PRONOUNCED 1987 DEAD 27 1950 36 PM MALE WHITE To BIRTHPLACE (STATE OR 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. Dorchester County, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS PLUMBER PLUMBING Dorchester General Hospital Cambridge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21634 MARYLAND DORCHESTER FISHINGCREEK YES 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE PHILLIPS, SR.SARA PARKS ARTHUR ALBANUS 17. INFORMANT FATHER , BOXESSILL FISHING CRK 16h SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-56-1524 A. ALBANUS PHILLIPS, SR, MD. 21634 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY OR REMOVAL. Mechanical and Compression Injuries MIMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 3 SHOULD BE USED AS A I DEPARTMENT OF HEALTH , I PRIOR TO BURIAL, CREM CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO 210 EXTERNAL CAUSE WAS A. 1216 TIME OF INJURY
A. P. DO THE OF INJURY
A. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR Driver of auto/lost control/pinned in same 7:00 M. 4/ 11/10 87 CONTRIBUTING CAUSE OF DEATH NERAL DIRECTOR: PACE SHE DEATH, WITH THE STATE DEPAI ORE, MARYLAND 21201 PRIC 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) #16 North of Smithville Rd., Dorchester, roadway Mo 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Accident X Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTMORE, M DATE Deputy Chiefedical EXAMINER 4/12/87 SIGNATURE SIGNED EXAMINER'S NAM 111 Penn St. Ann M. Dixon, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION CAMBRIDGE, DORCHESTER, MD. 04-15-87 DORCH.MEM.PRK. BURIAL CEM. 07/84 BP 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 25M 24 FUNERACURRAN FUNERAL HOME, 308 HIGH ST. **DHMH - 17** ulia Dividson Randale CAMBRIDGE, MD. 21613 (VR A15 ME (5))



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and call should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked be them Tashows any injury, or other traumatic event, the medical

423

eral director, page 3

FOR

STATE	OF	MARYLAND	

STATE OF MARTLAND										
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE					

1	REGISTRAR		CERTIFICATE OF	DEATH	8 / REG. NO.	135/			
Ī	DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1	Ruth	E	Pritchett		Daril	17 87 10°5 AM			
3	3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ı	F	White	MONTH DAY	YEAR 2	65 YR	MONTHS DAYS HOURS MIN.			
17	O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER	MARRIED RE	BALTIMORE CITY OR COUN				
	Maryland	U.S.		NORCED	Dorchester (County MD.			
ď	B. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		TITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR			
1	Combridge	Dorchester (Gen. Hosp.	- 100	LILLE OF MORK FOR WOS! OF WORKING	O (IFE) INDUSTRY			
F	JOUAL RESIDENCE (IF NURSING HOME OF			CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE			
1		rchester Cambi		NO 🗌	400 Cemetery				
T	4 FATHER'S NAME	MIDDLE PRAIR	CHETT 15 MOTHER	'S MAIDEN NAM	MIDDLE				
I	Merritt			llmina		Woodland			
Ti	60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORM	ANT	ADDRESS	P. O. Box 25			
	No No		8-4232 Ms. 7	Alice B.	Whitesel	Hurlock, Md.			
F	18 CAUSE OF DEATH (Enter or	nly one cause per line far (o), (b	, ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1	PART I. DEATH WAS CAUSE	TE CAUSE (a) RESELT	ratory fa	ilure	of Hillson Service	Minuter			
ı		DUE TO, OR AS A CONSE	EQUENCE OF			0-1			
ı	Conditions, if any, which	(16) Acute	Pheumoria			tive days			
ı	gove rise to immediate couse (a), stating the	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
l	underlying cause last	10		ccident		Five days			
۱	PART 2 OTHER SIGNIFICANT	1 1 1 1 1 .	11 1		Chronic Obstruc	GIVEN IN PART ITO Disease			
1	THSUIN-depanding 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	07.5.5	TICH OPERATION WAS PERF	OPMED.		YES, WERE FINDINGS USED			
L	SE IN STREET	The condition of the	THE TOTAL THE TENT	SKINED	IN CER	RTIFYING CAUSES OF DEATH?			
ď	2 a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW I	NJURY OCCURRE	YES NO DE LE	YES NO			
			DAY YEAR						
1	OR CONTRIBUTING CAUSE OF DE	P.M. 21e. PLACE OF INJURY	19 211 LOCAT	ION					
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	FICE, FARM FTC) STREE)T	CITY OR TOWN	COUNTY STATE			
		nital) attended the deceased fro	om April 13	19.87	10 April 17	10 89 that I (we) lost			
1		of the body offgridenth.	770	(aur) apinian de	eoth accurred on the date and !	hour and fram the causes stated			
1	275 SEGNATURE	a a	DEGREE		The second second	22c. DATE SIGNED			
1	(Shum)	mer touch	- MD	ATTENDING PHYSICIAN ICI	MEDICAL STAFF	14/17/87			
1	THE PHYSICIAN'S NAME AND	De Feault	72e ADDRE	55		, , , ,			
	Edmund J. M	lachaughlin	10 A	urora S	t. Cambrid	se. Ma 21613			
2	230. BURIAL, CREMATION, REMOVAL	L 23b. DATE	23¢ NAME OF CEMETERY OR	CREMATORY	23d. LOCATION	/			
	(SPECIFY) Removal4-1	7-87			CITY OR TOWN	COUNTY STATE			
2	4 FUNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAC 251 REC	ISTOAR'S SICOATURE			
I	NAME State Ana	atomy Board ADDRE	SS Balto., Md.	APR:	22 1987 After 1	anders Kongrand			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

APR 22 1987 July Triber Lules

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH PREGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 25 HOUR (TYPE OR PRINT KEVIN G-6-1N Lee 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3. SEX S DATE OF BIRTH MONTH DAY YEAR Male White 1969 Mav 70 BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY Delaware DIVORCED [WIDOWED Dorchester Co IB CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hurlock 102 Gay Street Student SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 135 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Marvland Dorchester Hurlock Gay Street 102 21643 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIDST MIDDLE LAST Sidney Robert Riggins Diana Lee Hearn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIE VES GIVE WAR OR DATEST No 221-60-0705 Robert S. Riggin Item # 18 CAUSE OF DEATH (Finter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY So acr IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 2 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNE old be YEN ST. CAMBRIAGE 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS FUNERAL HOME CAMBRIDGE

Buria 1 24 FUNERAL DIRECTOR

aurel Hill Cemeter

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of the first of the state of th

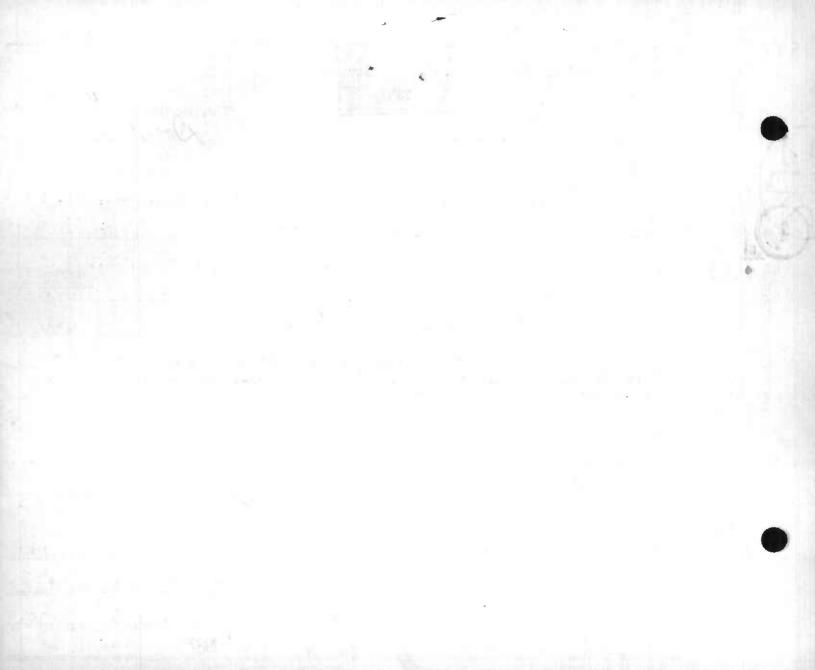
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN 26 HOUR DAY (TYPE OR PRINT) REGINALD STANLEY ESTI-GARAKLD S NECESSARY, PLEASE FUNERAL DIRECTOR. YOUR FILES. ED WITHIN 72 HOURS DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 2d. HOUR 3. SEX DATE YEAR LAST BIRTHDAY PRONOUNCED male 12 pm 38 YRS 1987 2 DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Je: BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) EATH. IF ANY DELAY IS NECE ES. 1, 2, AND 3 TO THE FUNE IPM 3, RETAIN PAGE NUZ-SHOUDD BETVIEL KVITAL BECORDS, 2010 DIVORCED WIDOWED Dorchester county United States
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Maryland IB. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Cambridge Cambridge
USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13a STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland NO [Dorchester Cambridge 620 Douglas Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Reginald Stanley ADDREanley Grace Wilson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION PAGES (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 210-50-0986 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ASPHXIA MINUTES DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, If ony, which MINUTES (6) YOMITING OF GASTRIC MATERIAL gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HUURS INTOXICATION ALCOHOLIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DATH WITH THE STATE DEPARTMENT OF HEA BALLTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CI 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN STATE WHILE COUNTY WHILE AT WORK 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry Accident 2 Homicide ___ deoth resulted from: Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 4-6-87 SIGNATURE MEDICAL EXAMINER EXAMINER SNAME James F. McCarter, M. D. ADDRESS 400 Aurora St., Cambridge, Md., 21613 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION DE STANSFORM BP. 250. DATE REC'D. BY REGISTRAR 19 24 FUNERAL DIRECTOR **DHMH-17** APR (VR A15 ME (5)) 15M 2/80

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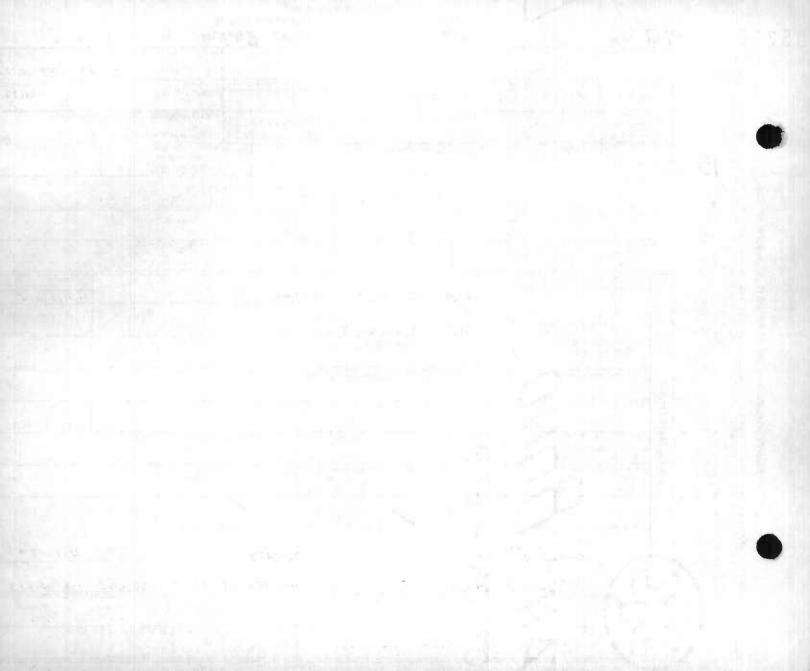
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 7a DATE OF DEATH MONTH 2h HOUR TYPE OF PRINTS LURETTA WILLIE VICKERS 12:154 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX Dec 31,1903 female white 83 BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester U.S.A. WIDOWED DIVORCED 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

NOMEMAKET Dorchester General Hospital INDUSTRY Cambridge ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 3a. STATE Dor. Cambridge 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. 917 Roslyn Ave. 21613 YES TO NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles **bboT** Todd Μ. Etha 17 INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO Rt. 1 Box 57 214-30-8474 J. Wendell Vickers Jr. Cambridge Md. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY INFARCTION how. IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF FAILURE YEARS. CONGESTIVE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, ORAS A CONSEQUENCE OF 41-2005 underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CATION 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NOIX YES | 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING PROSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (1)(this hospital) attended the deceased from. saw the deceased alive on 419 abave, U(we) (did) (did no) view the bady after death. and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN X 22e ADDRESS MOSKEWIC 134CN ST. CAMBRAGE 23a. BURIAL, CREMATION, REMOVAL

Dor. Mem. Park

DHMH - 16 60M 7/84 (VRA 15, 4)

burial

24 FUNERAL DIRECTOR

THOMAS FUNERAL HOME CAMBRIDGE MD APR 23 1987 A Lica Devider Land

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Cambridge

